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ABSTRACT

This article offers a model for developing a group parent counseling program in special education. The group was led by the school social worker, school psychologist, and the EMH program coordinator. This group developed an initial series of program meetings to offer basic information and support to parents of children ages four-eight who had been placed in diagnostic classes. After the first series of seven meetings, the parents' reaction was so favorable it was decided to continue the program the following year. This second series of meetings, designed for parents of EMH children, involved speakers, films and activities on a variety of topics, from child management techniques to information about learning disabilities. The program had favorable effects on the family, school and community levels. Despite some initial problems, the authors feel a group program is worth the extra time and effort because of its direct benefits to children, parents, and staff. (Author/BP)

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PARENTAL COUNSELING IN SPECIAL EDUCATION: A Group Model

by Arlyn Mallman
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The school system has long recognized the necessity for parental involvement in educating children. This involvement has traditionally taken the form of parent-teacher conferences, organizations, or advisory groups. Although important, these traditional forms are not sufficient to meet the extra needs of the special child and his family. They are neither directed toward nor equipped to deal with the underlying dynamics this child creates in his family, nor should they be expected to do so. Consequently, a gap is left between the school and the home, a gap that became very evident to the special education staff at our school when a new class was initiated.

The new Pre-primary Diagnostic Class was to complement the already existing Intake-Diagnostic Class (ages 6-8 years) but was created to serve younger children ages 4-6 years. Both classes emphasize further diagnosis of learning problems including language development, learning modes, and social skills. Perhaps because of the non-categorical nature of these classes, the young age of the children involved, and the newness of the whole school situation, the parents besieged the staff with questions and concerns. As repetition of the same answers began to consume an excessive amount of time, it became evident to the staff that telephone conferences, coffee klatch seminars, and daily explanations gave necessary information but did so in a totally inefficient manner. In searching for a solution, a group approach began to emerge as a more efficient means of providing this service to the parents of these special children. Parents involved in the non-categorical diagnostic classes and in the educable mentally handicapped classes became the logical target populations.

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The initial purpose of the original group was to provide information on child development, child management, parent skills, and school programs. During planning, the group co-leaders decided that this initial purpose could become the vehicle for not only information but also for creating personal contact between teachers and parents, for intervention into the family system, for a means of providing a more consistent environment for children, and for group identification for parents. All these had been identified as parental needs by teachers and other special education personnel at the time of the initial placement of the children into the special education classes. As teachers worked more closely with these children and began diagnosis, they also provided group co-leaders with direction. The teachers could often add information about the childrens' and parents' needs. Needs were further refined as the school psychologist and social worker observed and interacted with these children. The parents' needs from professional staff were yet to be determined. To gather this information the staff formulated a questionnaire. Topics included prognosis for children in special classes, community resources and relations, extended family and sibling relationships, and general school programing. The areas responded to most frequently were labeling, prognosis, explanations to family and friends, academic programing, and general uncertainty about the problem. The most encouraging response was that most parents agreed that a group would be beneficial and were willing to participate.

To co-lead the group, the school social worker, school psychologist, and EMH program co-ordinator seemed the most appropriate personnel. They had already worked as a team with the children and staff. Teachers were excluded as regular participants to allow parents to discuss classroom concerns and so that the group would not become a time for parent-teacher conferences. A logical location for group meetings was the library in the school that houses the special education classes. The co-leaders decided that two hour, monthly sessions would benefit both staff and parent needs. The co-leaders developed goals from the questionaire and determined the means to reach them. The five goals became: to help parents better cope with children with special needs, to demystify staff roles and "expert" labels, to provide a vehicle for developing a working relationship between home and school, to help parents discuss feelings about themselves and their children, and to provide the opportunity for peer identification for parents of special children. A combination of didactic lessons, group discussion, group problem solving, films, demonstrations, and guest speakers were planned as the co-leaders sketched out a logical progression of topics for the sessions. The basic outline was presented to the group for revision

and was modified as the group moved and changed. The program was finalized in the following form:

Session I -General Introduction

The co-leaders introduced themselves, explained their roles in the school and in the group, discussed the rationale for the group, explained the basic class programs, and reviewed the questionnaire. Feedback, suggestions, and alterations were encouraged.

Session II -Continued discussion of above

Session III -Explanation of Learning Disabilities by the Learning Disabilities teacher.

The parents in the group often asked questions about learning disabilities because many of their children were identified as being disabled in some area. The L.D. teacher explained, discussed and distributed handouts on various disabilities, the difference between L.D.and mentally retarded, and characteristics of L.D. children. The co-leaders and L.D. teacher also demonstrated useful games to be played at home to help remediate disabilities.

Session IV -Explanation of Speech and Language Program by the Speech Therapist

Since speech and language are prime focuses of the diagnostic classes, both parents and staff felt the need for a detailed explanation of this area. The therapist presented theory, language development, and recommendations for work at home after which a group discussion was held. The co-leaders acted as facilitators, clarifying issues and jargon. Parents were given a list of terms, a time line of language development, and a list of games for use at home.

Session V -Video Tape of Classes

Each class had been videotaped and recorded by the principal during routine classroom activities. This session helped parents visualize the theory and techniques discussed in the previous sessions. The classroom teachers and aides attended this meeting to explain and clarify taped activities. The video was an overwhelming success with the largest parent attendance thus far.

Session VI -Group Problem Solving

The co-leaders devised a typical problem situation in child management and mimeographed copies for each parent. The group was then asked to divide into three sub-groups that separated spouses, to determine a method of dealing with the situation. Discussion of the three results followed. The co-leaders then presented information on basic stimulus-response theory, singled out one behavior or problem to work on, and discussed awareness of positive and negative reactions as these related to the problem situation. Handouts on stimulus-response theory with examples were given and discussed. The problem situation was then reviewed in relation to this new information.

Session VII -Demonstration of Staffing Procedures and Pot Luck Supper

The parents suggested having dinner together for the last meeting of the year. The session was scheduled at about the same time that end of the year staffings (reviews) on the special education children were taking place. Parents had heard about staffings but didn't understand the process involved and had questions. The staff demonstrated a staffing with all professionals participating i.e.: principal, nurse, speech therapist, psychologist, social worker, program co-ordinator, L.D. teacher, and special education teachers and aides. Discussion again followed. The co-leaders then led an evaluation session of the year's activities. The parents strongly recommended continuing the group next year for new parents and for themselves.

From this evaluation session it looked like the group would be ongoing. The parents wanted additional service on a continuing basis--not only upon their child's initial placement in the program but apparently throughout their child's years in special education. As new children entered the classes, their parents were encouraged to participate in the group. Children also became advocates of the group as they pressured their parents to attend. Also, teachers of the diagnostic classes strongly supported the group by calling parents about group programs, by asking co-leaders about the sessions, and by reporting changes made by parents in their relations with the children and staff. Teachers of the three educable mentally handicapped classes saw the results of the group and began pressuring the co-leaders to begin a group for their parents. The result was the formation of a second parent group for the EMH classes in addition to the continuation of the diagnostic group for the 1975-76 school year.

Once again the co-leaders faced the problem of program development. Questionnaires were re-designed and sent to parents for their opinions and suggestions. Because parents of EMH children have different concerns than parents of children in the diagnostic classes, the focus of this questionnaire differed from the first one. Responses from the EMH group indicated concern about name-calling, the possibility of parents being responsible for the difficulties (guilt), future schooling, and explaining the child's special needs to family, friends, and the community. To address these issues, the group sessions for the EMH parents were as follows:

Session I -General Introduction (Identical to the diagnostic group)

Session II -Name-calling

Discussion centered around reasons for name calling, empathizing techniques, identifying and separating parental feelings from child feelings and how to deal with these problems.

Session III -Learning Disabilities by the Learning Disability teacher

This session was similar to the one conducted by the L.D. teacher for the diagnostic class.

Session IV -Film entitled "Child Behavior = You"

This cartoon demonstrated child management techniques during the developmental years of infancy through adolescence and stimulated discussion. One particular benefit pointed out the limitation of the "expert".

Session V -Combined Session on Staffing Demonstration

Parents were so interested in the demonstration on "staffing" the previous year that they asked for another one. The two groups met together for a demonstration of an intake staffing and a placement change staffing. Good discussion followed as parents asked questions about their rights, due process in case of parental refusal of placement, and district responsibilities.

Session VI -Rules and Regulations Explanation by Director of Special Education, Dinner Meeting; Explanation of Summer Recreation Program by Director of Northwest Special Recreation Association (NWSRA)

The Director of NWSRA asked to speak to the group prior to summer vacation to explain programs and answer questions. Many children had participated the previous summer so these parents could explain their experiences to the new parents as well as clarify programs with the director.

At the final meeting of the EMH group, the parents made a surprise presentation to the staff in the form of a letter of recognition and support of the program and staff to the Director of Special Education, the Superintendent of the District, and the Board of Education. This was especially meaningful due to turmoil in the district resulting from changes in leadership. Special education programs and staffing pattern changes were under advisement with some changes already made that would effect these parents. These issues proved to be the catalyst for the formation of a parent pressure group advocating the needs of special children, the Special Education program, and Special Education staff. This sub group was only one of the results of the parent session that came to effect the family, school, and community.

Additional results of the parent groups can be divided into three areas: the family, the school and the community.

FAMILY: The goals initially determined by staff for this area were not only met but exceeded. Parents' level of trust seemed to increase as they shared problems more openly, sought out staff after meetings and called them at home for advice. Communication between home and school seemed to improve as childrens' school programs were extended into the home. Parents began "dropping in" on the school and classes more regularly, volunteering time and seeking out staff just to chat. Parents even began bringing neighbors and extended family to the school to "talk". Instead of reducing the amount of time as initially planned, the group actually increased the staff time spent in parent contacts. Finally, understanding of the special child seemed to increase not only for parents but for staff as well. Parents began "counseling" each other during sessions particularly when new parents joined the group.

SCHOOL: Children and staff benefited from the group results. The children generally improved in their school performance evidenced

by year-end testing, teacher reports, and home-school staff observations. Special education teachers began to feel less isolated, more supported, consequently becoming more willing to share with team members, and more demanding of consultation and service. Teachers asked for regular meetings with the co-leaders to keep informed about the group. The co-leaders as a team found themselves having more input into childrens' programs rather than closely delineating which professional was responsible for what child. As roles became more diffuse, the team approach strengthened and staff relied more on each other. The staff also found itself learning more about the dynamics of families with special children and translating this understanding into directed action. Finally, the referrals to the diagnostic classes by other district personnel and parents increased thirty percent which may have been due, in part, to the success of the parent group. The district thus created an additional pre-primary class to service these children.

COMMUNITY: The impact of the parent group on the community was seen in three areas. At the last school board election in the district, the parent group strongly encouraged one of its members to seek a position. When he agreed, the group became active supporters and campaigners of his platform. It should be stated that this occurred parallel to the group but was certainly the result of knowledge shared and gained in the group. His election both solidified and encouraged this group to further express their concerns and desires. When the district began program planning for the coming year, the parents began attending school board meetings in an effort to have some influence on decision making effecting them and their children. This group gradually changed from a special education advocacy group to a child advocacy group as other interested parents selected themselves as members. Letter writing campaigns were launched in support of staff and existing programs as changes were considered. Their activity caused reversal of two administrative decisions, one board decision, and triggered another decision which will directly effect special education for the years to come. The administration responded to the activities of the pressure group by recommending the development of a legitimate means of parental input and involvement in special education. A special education advisory council emerged as a means to this end and received unanimous Board approval. This council includes representatives from the school board, district administration, pupil personnel, specialty teachers, and parents. The council is evenly divided between educators and parents and has been empowered to study all aspects of special education and recommend policy and program to the board.

The third area of impact was on the village itself. Representatives of community social service agencies requested information about the

parent group, visited and observed the group in progress, and asked for guidance in establishing their own group. Also, other buildings within the district have made plans to begin parent groups relevant to their own building's needs.

Since the inception of the groups, several problems emerged, one of which was a direct result of the group's success. Parents elected to continue to attend group meetings, thus their length of time as group members varied from a few months to several years. Keeping sessions interesting, informative, and relevant, without being redundant was challenging. However, the parents seemed not to mind hearing issues repeated and often added viewpoints that newcomers found helpful.

A second problem was the lack of funds. The possibilities of engaging guest speakers such as pediatricians, pediatric neurologists, and therapists become limited when these people cannot be paid. There are also many "canned" programs available which would be appropriate but again funds are not available for their purchase. An area indirectly involving funds which effected the group was staff time. None of the leaders had been paid for their group services nor had they been given released time. All program planning has been done around their regular work schedules. The actual meetings took place in addition to the work day and the staff at times was somewhat harried.

A third major problem encountered by the group leaders was "crashing." Crashing simply means that one is no longer tuned in to the group. The co-leaders may be tired from a long day, or preoccupied by an event that occurred earlier. This results in pressure on the remaining co-leader to keep the process flowing, facilitate interaction, and present material if planned.

The fourth problem encountered was the difference in leadership styles, a problem in any group. The styles ranged from didactic lecturing to a facilitator encouraging more group interaction. At times these differing approaches were beneficial but they also could be conflicting. Co-leadership styles needed to be discussed and resolved.

The final problem encountered was also a direct result of the group's success. With the formation of the child advocacy pressure group came the job of directing the group's energy into appropriate and constructive areas. This became quite difficult due to changes occurring in the district's philosophy, changes in staffing patterns and the group's reactions to these changes. The co-leaders did not feel that intervention was appropriate but did feel that they should provide the parents some

direction. This situation still exists and remains professionally awkward. The formation of the special education advisory council described earlier has provided a legitimate channel for both dissent and action but has yet to be tested.

In the process of group development, the co-leaders learned several valuable lessons. The most important of which was that a group needs people that attend regularly. Evening meetings were scheduled so both parents could attend. If parents missed a meeting, a non-threatening but personal contact would be made by one of the co-leaders to encourage further participation. The educational approach with the group was initially much less threatening than a therapy approach and insured better attendance. Involving parents in planning and review sessions, encouraging them to voice their needs and expectations, helped them feel valued and assisted in program planning and goal setting.

A final recommendation and perhaps the most important, is to develop a parent group. The benefits to children, parents, and staff far outweigh the problems encountered and extra time needed for this project.

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